

# College Church of the Nazarene

## GENERAL EVENT PERMISSION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

To the organizers/leaders of this event:

I/we the undersigned do hereby give consent for my/our child (listed above) to attend and participate in College Church activity. I/we authorize an adult, in whose care the minor has been entrusted, to consent to any medical care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/we the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to either medical, dental, or disciplinary reasons or otherwise, I/we the undersigned assume all transportation costs. I/we the undersigned do also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in College Church activity.

Hospital Insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

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